

Translators and Interpreting in Maternity (SOP)

Key Points

- The purpose of this document is to describe the essential practices and processes for the provision of interpreting services in maternity settings.
- It aims to raise awareness of interpreting needs, encouraging staff to plan proactively for patients' needs in planned and unplanned situations.
- It aims to ensure all staff understand their legal duties, have the knowledge, confidence, and ability to access interpreting services 24 hours per day for patients with English as an additional language; or speech or sensory impaired (hearing) disabilities.
- It outlines steps for booking verbal and non – verbal interpreters and how to request and book verbal and non – verbal interpreters.
- It covers appropriate circumstances to consider and employ use of face-to-face, video or telephone interpreting during engagement with maternity services in community.

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This is a controlled document. If you are using a printed copy, check it against the guidelines site to ensure you are using the latest edition.

Abbreviations

ANC	Antenatal Clinic
DAU	Day Assessment Unit
ECV	External Cephalic Version
MAC/TRIAGE	Maternity Assessment Centre/ Triage

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1. Introduction

Significant health inequalities exist in maternity and neonatal care in England. For example, outcomes for women and babies from minority ethnic groups are worse than for white women, and outcomes for those living in the most deprived areas are worse than for those in the least deprived (MBRRACE-UK, 2022)

At Frimley Health, we recognise that childbirth is a unique experience for each woman, birthing person and their family and therefore care must be personalised to that service user. This document aims to bring interpreting and accessible communication needs into focus. We know from the women and families we see, there are health, social and economic inequities and inequalities for women of Black, Asian and Ethnic Minority backgrounds and those from the most deprived areas when accessing and experiencing maternity services. (FHFT Perinatal Equity Plan, 2022) Staff must plan proactively for patients' needs and ensure that all staff have the knowledge, confidence and ability to access interpreting services 24 hours per day for patients with English as an additional language; or speech or sensory impaired (hearing) disabilities. This policy also aims to minimise risks arising from poor communication and is supplementary to the wider Trust guideline on Translations and Interpreters (2024).

Patients need relevant information to be shared in a way they can understand and retain, so they can use it to arrive at decisions about all aspects of their care. To help patients understand and retain information you should use an interpreter or translation service if they have difficulty understanding spoken English (General Medical Council, 2020). Not everyone can read or write in their preferred language or have the level of literacy required to understand health related written information. Check this before offering translated written materials. Visual content like images and diagrams may be more helpful when a person has low health literacy (Office for Health Improvement and Disparities 2021)

2. Definitions/Abbreviations

- **Interpreting** – The spoken word transferred into another language including sign language. Interpreting can be provided face to face or by telephone or video. Interpreting does not include advocating for a service user.
- **Interpreter** – The person who facilitates communication from one language into another language.
- **Translating** - The written word transferred into another language, including Braille. Translation can be into written text, audio files, alternative signs (such as BSL or Makaton), or on a website.
- **Non-English Speakers** – Individuals who do not speak conversational level of English.

3. USING INTERPRETERS IN MATERNITY CARE: A QUICK REFERENCE GUIDE (2022)

When do I offer a translator to a women or birthing person with little to no English?

- **Is the woman asking?**

If a woman is asking for help to understand words or phrases, frequently repeats questions or is directly asking for a translator, you should offer a translator and make clear it is free, that you have a legal duty to offer a translator and give the woman information in her own language about translation services that you offer.

- **Is this a complex matter?**

If a woman is in a stressful, complex or unfamiliar situation, this is likely to be made more so by not being able to grasp understanding rapidly. In these circumstances, you should offer a translator and make clear it is free, that you have a legal duty to offer a translator.

- **Getting brief responses?**

If a woman is offering you very brief, non descriptive responses, you are unlikely to gain a full clinical picture. In these circumstances, you should offer a translator.

- **Is the woman repeating?**

When you ask a woman to confirm her understanding, she repeats back the same information rather than demonstrating comprehension by using other words or descriptions to make meaning for herself. In these circumstances, you should offer a translator and make clear it is free, that you have a legal duty to offer a translator.

- **Are you seeking consent?**

If you need to explain risks, benefits and alternatives of care for the purposes of valid consent, it may be necessary for you to use an interpreter both for the benefit of the woman's understanding as well as your assurance of valid consent. In these circumstances, you should offer a translator and make clear it is free, that you have a legal duty to offer.

- **Can you understand?**

If you are struggling to fully understand the woman's accent or phrasing, explain to them that you may only give care following valid consent and that you would like to use a translator. This translator must be an offer. In these circumstances, make clear it is free, that you have a legal duty to offer a translator and give the woman information in her own language about translation services that you offer.

▪ What if the woman declines?

If a woman declines to have a translator, this will raise a barrier to understanding and prevent you from having a full clinical picture. Offering a translator is an intervention and service-users have a right to decline as an interpreter's presence can be an infringement on their right to privacy and as such requires consent to obtain valid accept or decline.

Give the woman information about translation and translators in her own language.

If a woman declines, **document** the lengths that you have gone to explain why understanding is important and that you have explained your legal duties to offer a translator, **explain** clearly to women the impact to their care. Ensure that you flag this up to senior team members and consider as a risk factor in the woman's care, particularly in triage and intrapartum settings - this should not limit her care options but will require extra time to share information and carefully hold consent conversations using alternative agreed methods of communication. **Revisit** the offer as often as is appropriate, complexity and her feelings may change.

4. Purpose and scope

The purpose of this SOP is to:

- Ensure that the service users of the Trust who have English as an additional language, speech and hearing disabilities or additional communication needs, have access to interpreting methods to allow complete understanding of their diagnosis and any proposed treatment and be able to participate in shared decision-making.
- Provide a prompt and efficient service which is based upon patient need and is accessible to all service users.
- Achieve the above in the most effective and efficient way for patients and the Trust.
- Targeted support where health inequalities exist in line with the principles of proportionate universalism.
- Provide services that meet the needs of their local populations. This includes facilitating informed decision-making, for example choice of pain relief in labour where we know there are inequalities, ensuring access to interpreter services, and adhering to the Accessible Information Standard in maternity and neonatal settings. (NHSE, 2023)
- Staff should be aware that the use of AI on voice-generated speech translating apps such as Google Translate can be flawed and therefore is not supported by the Trust as an accurate method of translation (University of Surrey, pending publication).

5. Guidelines for practice

Whilst many women and babies across England experience excellent personalised care (CQC, 2024), it is clear from independent reports that not all do. Language barriers are associated with poor outcomes, and we see this in our own patient safety cases here at Frimley Health.

The key guidelines are:

- Service users must be able to understand and genuinely agree to treatment before they can legally consent. This includes any action or intervention such as routine pathology samples and maternal observations, abdominal palpation and ultrasound scan.
- Offers for interpreters should be made in their own language (or information given in their own language), and consent obtained. They have a right to decline as an interpreters presence can be an infringement on their right to privacy. To achieve this, staff should use telephone or video translation to offer services, ensure service-users understand it is free and explain they will be offered again at regular intervals throughout their episode of care within maternity.
- When giving spoken information, ask the woman about her understanding of what she has been told to ensure she has understood it correctly (National Institute for Health and Care Excellence, 2010)
- If they decline, ensure that there is complete documentation which fully describes the measures taken to ensure women and birthing people understand the offer and if shared, the reason for declining. Revisit as often as is appropriate.
- When providing interpretation support, it is important to consider women's preferences, including the use of female interpreters, if available. Requesting the same interpreter for subsequent visits can also help build trust to facilitate sensitive conversations such as those related to mental health or trauma. The NHS approach to improving equity (Core20PLUS5) involves making best efforts to achieve midwifery continuity of carer in all aspects of care, particularly for women from minority ethnic communities and from the most deprived areas (NHSE, 2021).
- Bilingual staff who are native speakers of the same language as the patient, and who are part of the patient's immediate care team or work on that department or ward, may interpret for the patient e.g. to signpost to appropriate services or facilitate parent education in the antenatal, intrapartum and/or postnatal period
- It is the maternity teams responsibility to document all attempts made and offers of translation services (NHSE London, 2023)

5.1 Non-English-speaking scheduled appointments

5.1.1 Identify before booking appointment the language spoken and if an interpreter is required for all future scheduled antenatal and postnatal appointments as key risk assessments take place at booking so this appointment should be supported with interpretation service. If needed, book interpreting services via Absolute Interpreters in advance. Face to Face interpreters are the gold standard, but if not available, telephone or video interpreting services can be accessed on the day.

5.1.2 Do not unless there is an obstetric or medical emergency use family or friends.

5.1.3 Ensure the digital maternity record includes details of language needs including the use of formal interpreter services, to ensure that these are taken into consideration at all interactions, including in emergency situations (MBRAACE-UK, 2024). Detail the patient's preferred spoken language (including dialect), the patient's preferred written language (including their level of literacy or health literacy in their preferred language where possible)

5.1.4 Longer antenatal appointments should be scheduled as standard to allow adequate time for a three-way conversation to include personalisation, informed consent and shared decision-making about all aspects of care as detailed in NICE guidance for complex social factors (NICE, 2010). This is not solely the responsibility of the named community midwife but every staff member including obstetricians, sonographers and students.

5.1.5 An interpreter must be offered in any routine appointment where verbal or written consent will be gained e.g.

- consenting for an elective caesarean in ANC
- External Cephalic Version (ECV)
- invasive screening test
- glucose tolerance

5.2 Non-English-speaking non-scheduled attendance

5.2.1 If a women or birthing person attends the maternity service for care outside of routine appointments, use of telephone or video interpreting services is essential to make a full understanding of a woman's concerns and complete a risk assessment. If a staff member is available, this can be offered in as an interim measure whilst sourcing an accredited translator if that staff member cannot be released from their duties for the duration of the service-users care within reason. Family or friends should not be used outside of a time critical emergency e.g. cord prolapse or precipitous birth in an unplanned setting like

the car park. If family are used, document clearly all efforts to obtain an interpreter or lack of efforts in emergency situations.

- 5.2.2 Ensure health visitors and all allied health professionals are informed of the requirement of an interpreter at point of antenatal referral or earliest liaison opportunity.
- 5.2.3 Document interpreter/ language/ communication needs on EPR with a 'sticky note' which is visible for all staff who access this record in intrapartum, postnatal care and community settings.

5.3 Shared Decision Making, Consent Conversations and Using Staff Members as interpreters

- 5.3.1 Information provided as part of a shared decision-making process leading to consent should be communicated through an accredited interpreter or member of the service-users maternity team speaks the same language, except in an emergency when staff may have to act in a patient's best interest and do not have time to arrange an interpreter.
- 5.3.2 Where there are concerns about safeguarding (adults and children) or capacity issues, under the Mental Health Act and Mental Health Incapacity Acts, an accredited interpreter or maternity staff member can be used and continuity of carer prioritised.
- 5.3.3 If there is a member of staff on duty within maternity who speaks the same language and wishes to interpret, the service-user can be given the choice to have an accredited translator or the staff member. It is important that this choice is offered and documented.
- 5.3.4 The Trust notes that some maternity staff members can sometimes provide more explanation of obstetric procedures than an accredited translator and therefore, with the service-users consent, may be the preferred choice where available. This request of staff members to interpret should be under consideration of clinical acuity, their own workloads and their own desire to interpret at that time. It is not an expectation that they will translate in all cases but seen as a benefit to the service if they wish to.
- 5.3.5 All consent forms for those with limited to no English, must include the interpreters signature as a co-signature. Otherwise this will not be considered valid. If consenting over the phone please ensure document interpreter's ID number and full name as part of your documentation (NHSE London, 2023).

5.4 Guidelines for using family members as interpreters

5.4.1 Children should not be used as interpreters under any circumstances as:

- The child is being put into a vulnerable situation.
- Their understanding and interpreting ability cannot be guaranteed.
- Confidentiality may be breached.
- Parents may not feel able to speak through a child.
- This practice can cause long-term damage to the family relationships.

5.4.2 Spouses/partners, relatives and friends should not be used as interpreters because:

- They may have conflicting thoughts/ideas.
- Confidentiality may be breached.
- The service user may or may not feel able to speak freely.
- The untrained interpreter may add or omit information.
- They may have difficulty with medical terminology.
- There may be difficulty in giving 'bad news' to a loved one/someone they know.
- Misinformation can lead to misdiagnosis.
- May open the Trust to potential litigation.

5.4.3 Any of the above list can also be apparent when using an accredited translator or staff member. Documentation via InPhase to escalate via the Trust EDI team and feedback to Absolute Interpreting should take place. If concerns are raised about a maternity staff members interpreting, this should be escalated to the appropriate matron for the area.

5.4.4 Where a patient declines the use of a face-to-face interpreter or telephone or video interpreting instead, wishing to proceed with an adult family member/spouse/relative/friend, this must be noted on the patient's electronic record and the appointment should go ahead as normal.

5.4.5 In order to facilitate discussion of sensitive issues, provide each woman with a one to-one consultation, without her partner, a family member or legal guardian present, on at least one occasion (NICE, 2010)

5.5 Face-to-face interpreting inclusion criteria

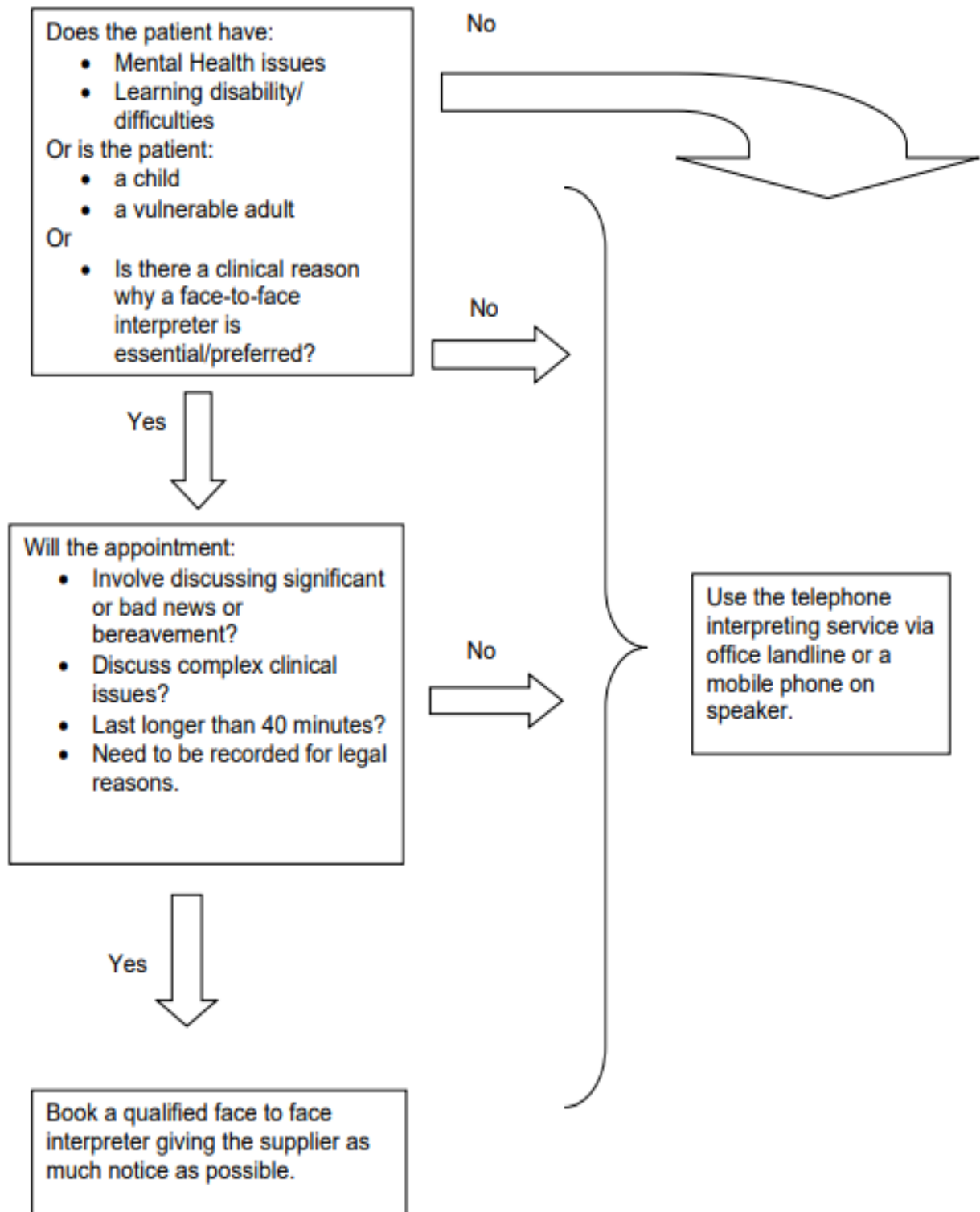
5.5.1 In maternity, face-to-face interpreting is required for all pre-booked appointments and in labour or during inpatient admission i.e. attending DAU/MAC for regular blood pressure monitoring or repeat bloods or transfer to

postnatal ward. An interpreter should be booked with an FHFT approved interpretation provider (see Appendices A)

5.5.2 In a maternity setting, face-to-face interpreters should be offered in the following cases to non-English speaking service-users but is not limited to:

- Service-user has conversational English-speaking skills, but medical terminology and complex obstetric terms are difficult to understand.
- Where consent is required
- The patient has diagnosed mental health/psychological problems requiring support.
- The patient has a learning disability.
- The patient is a child under 16 years of age.
- Child protection or Safeguarding cases.
- The appointment involves discussing prognosis or complex information e.g Induction of labour, birth preferences discussions, infant feeding advice.
- The appointment will last more than 45 minutes.
- Discussing scan results, counselling, initial discussions around foetal medicine and counselling regarding termination of pregnancy.

APPENDIX A FLOWCHART FOR BOOKING INTERPRETERS



APPENDIX B - STEP-BY-STEP GUIDE FOR BOOKING INTERPRETERS WITH ABSOLUTE INTERPRETING

How To Book an Interpreter?



Face to Face Interpreter Booking



1. **Via secure Portal:** Visit <https://www.calllili.co.uk/client-login.php>
2. **Enter Your Account ID:** 2759
3. **Enter Password:** Published on the Trust intranet page.
Or email nhs@absolute-interpreting.co.uk for password
4. **Via Phone:** 0121 270 6801 option 2
5. **For Support** call 0121 270 6801 option 2



Pre-booked Telephone/Video Interpreting Appointments

- Follow all steps from Face to Face Interpreters procedures
- Select “Telephone Interpreting or Video” as the Service.
- Submit
- Note: On receipt of Interpreter Confirmation, reply & provide your Microsoft Teams Link

SECOND STEP FOR TELEPHONE INTERPRETING

- When ready call: **0121 270 6801 option 2**
quoting your account ID and the unique Booking ID which you receive for each booking request.



Ondemand Telephone Interpreting only:

Call **0121 285 3609**, Enter your secure PIN code which is **669307#**



For general enquiries or written translations, email us at enquiries@absolute-interpreting.co.uk

Birmingham Office: Absolute House, 46 Hylton St, B18 6HN. Tel: 0121 2706801 | Wolverhampton Office: Kings House, St Johns Square, WV2 4DT. Tel: 01902509442 | Lichfield Office: Hardwick Road, B74 3BZ. London Office: 207 Regent St., London W1B 3HH. Tel: 020 8090 2869

How To Book an Interpreter?

Face to Face Interpreter Booking

1. Via secure Portal: Visit <https://www.calllili.co.uk/client-login.php>
2. Enter Your Account ID: 2759
3. Enter Password: Published on the Trust intranet page
Or email nhs@absolute-interpreting.co.uk for password
4. Via Phone: 0121 270 6801 option 2
5. For Support call 0121 270 6801 option 2



Telephone/Video Interpreting - Planned Appointments Booking

- Follow all steps from Face to Face Interpreters procedures
- Select “Telephone Interpreting or Video” as the Service.
- Submit
- Note: On receipt of Interpreter Confirmation, reply & provide your Microsoft Teams Link

SECOND STEP FOR TELEPHONE INTERPRETING

- When ready call: 0121 270 6801 option 2
quoting your account ID and the unique Booking ID which you receive for each booking request.



Ondemand Telephone Interpreting

only: Call 0121 285 3609, Enter your secure PIN code which is 669307#



For general enquiries or written translations, email us at enquiries@absolute-interpreting.co.uk

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From 1 March 2023, Absolute Interpreting and Translation Ltd and Sign Solutions Ltd will be the new suppliers of Language & British Sign Language Interpreters.

In advance of the go live date, please take note of new arrangements for booking language interpreters through Absolute Interpreting Ltd and Sign Solutions Ltd for British Sign Language and non - verbal services:

Absolute Interpreting & Translation Ltd (Language)

- Booking portal: www.calllili.co.uk
- Account ID: 2759
- Password: Xdlw4x\$1fHx32
- Telephone number: 0121 356 3229
- Email: enquiries@absolute-interpreting.co.uk

Sign Solutions Ltd (British Sign Language)

Email requests to: bookings@signsolutions.uk.com

Website: www.signsolutions.uk.com

Telephone: 0121 447 9620

Information required on booking via email:

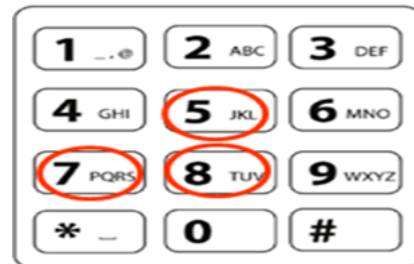
- Customer: Frimley Health NHS FT
- Location: Which site
- Language: British Sign Language or other needed
- Consumer Name: Patient's name
- Requested By: Member of staff with contact number/email
- Expected Start Date & time :
- Expected End Date & time :

PRE - BOOKING TELEPHONE INTERPRETING FOR APPOINTMENTS

1. <https://www.calllili.co.uk/client-login.php>
2. Select "Telephone interpreting" & press submit
3. Dial 0208 090 2869
4. When connected enter Account ID 2759 & the unique booking idea which is provided for each request from the website

ON DEMAND TELEPHONE INTERPRETING

1. Call 0203 870 3548
2. Enter the PIN: 76934407#
3. The system will ask you to say language name
4. You can say the language or enter the first 3 letters of the language using the telephone keypad as shown
5. E.g. KURdish = 587
6. If there are other languages with the same number the System will instantly give you other options



ADDING A THIRD PARTY/PATIENT TO A CALL

1. Dial 0203 870 3548
2. Enter the PIN: 76934407#
3. The system will ask you to say language name
4. You can say the language or enter the first 3 letters of the language using the telephone keypad
e.g. KURdish = 587
7. If there are other languages with the same number the system will instantly give you other options
8. Input the patient number pre – fixing 44 e.g. 07427 503 009 becomes 44 742 7503 009 & 020 7946 0018 becomes
44 207946 0018
9. Connection to interpreter and patient will happen at the same time

Any problems contact 0121 270 6801



References

- CQC (2024) National review of maternity services in England 2022 to 2024 [National review of maternity services in England 2022 to 2024 - Care Quality Commission \(cqc.org.uk\)](https://www.cqc.org.uk) (Accessed: 26 Sept 2024)
- Equality Act 2010, c. 15. <https://www.legislation.gov.uk/ukpga/2010/15/contents> (Accessed: 26 Sept 2024).
- External References: NHS Whittington Hospitals (2021) Care of pregnant non-English speaking and/or new migrant, asylum seeking and refugee women. Care of pregnant non-English speaking and/or new migrant, asylum seeking and refugee women, Leanne Donlevy - Continuity of Carer Project Lead Midwife, June 2021. V1
- Frimley Local Maternity and Neonatal System Perinatal Equity and Equality 5 Year Plan (2022) [frimley-maternity-five-year-plan-v4.pdf](#) (Accessed 27th Nov 24)
- General Medical Council (2020). Professional standards: Decision making and consent. London, GMC.
- Human Rights Act 1998, c. 42. <https://www.legislation.gov.uk/ukpga/1998/42/contents> (Accessed: 26 Sept 2024).
- Internal Reference: FHFT Interpreting and Translation Policy (2024) [Policy Template \(xfph-tr.nhs.uk\)](#)
- Internal Reference: Shared Decision-making and Informed Consent Policy
- Lessons learned to inform maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2018-20. [MBRRACE-UK Maternal CORE Report 2022 v10.pdf \(ox.ac.uk\)](#) (Accessed: 26 Sept 2024)
- MBRRACE-UK (2022) Saving Lives, Improving Mothers' Care 2022
- National Institute for Health and Care Excellence (NICE) (2010) Pregnancy and complex social factors: a model for service provision for pregnant women with complex social factors CG110 guideline. [Overview | Pregnancy and complex social factors: a model for service provision for pregnant women with complex social factors | Guidance | NICE](#) (Accessed 26 Nov 24)
- NHS England (2013) Equality Delivery System for the NHS - EDS2. <https://www.england.nhs.uk/about/equality/equality-hub/patient-equalities-programme/equality-frameworks-and-information-standards/eds> (Accessed: 26 Sept 24).
- NHS England (2021) Core20PLUS5 An Approach to Reducing Health Inequalities [core20plus5-online-engage-survey-supporting-document-v1.pdf](#) (Accessed 20 Jan 2025)
- NHS England London (2023) Resource Pack for Commissioners and Maternity Service Providers using Interpreting Services [Supporting Effective](#)

[Interpretation within Maternity Digital Toolkit - London Regional Maternity Team - FutureNHS Collaboration Platform](#) (Accessed 27 Sept 24)

- NHS England (2023) Three year delivery plan for maternity and neonatal services [B1915-three-year-delivery-plan-for-maternity-and-neonatal-services-march-2023.pdf \(england.nhs.uk\)](#) (Accessed: 26 Sept 24)
- Office for Health Improvement and Disparities (OHID) 2021
- The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (SI 2014/2936). <https://www.legislation.gov.uk/ukSI/2014/2936/contents/made> (Accessed: 26 Sept 24)
- University of Surrey (UoS) (pending publication date of study, current research): MATRIC: Machine Translation and Respeaking in Interlingual Communication [Translation studies research projects | University of Surrey](#) (Accessed 8 Oct 24)
- Wetherall, L (2022) Using interpreter in maternity care: a quick reference guide. (@laura_wetherall) *Permission to use within this guideline shared*

Full version control record

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This guideline has been registered with the trust. However, clinical guidelines are guidelines only. The interpretation and application of clinical guidelines will remain the responsibility of the individual clinician. If in doubt, contact a senior colleague or expert. Caution is advised when using guidelines after the review date.

This guideline is for use in Frimley Health Trust hospitals only. Any use outside this location will not be supported by the Trust and will be at the risk of the individual using it.

Version History

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1.0	February 2025	C. Collins- Achu	Final	Approved at Cross Site Clinical Governance meeting 11.02.2025